## ARTIST RESIDENCY TEACHER EVALUATION FORM

Artist Residency Date(s) School Address Teacher Phone # Of students who participated: With disabilities Without disabilities Rating Scale: 1= Unacceptable, does not meet standards 2= Needs some improvement 3= Competent, met expectations 4= Very good, exceeded expectations 5= Outstanding, far exceeded my expectations \_\_\_\_1. The artist contacted me prior to the residency to discuss matters concerning the residency, such as dates, times, and location; number, age, and nature of the students and special accommodations (if necessary) \_2.The artist contacted me prior to the residency to discuss academic and social goals to be achieved through the residency. 3. The artist contacted me prior to the residency to discuss the integration of students during the residency 4.The artist arrived at the school 1/2 hour prior to the residency and had materials set up before the children's arrival 5. The artist described and demonstrated the project in a manner which could be understood by all students. 6. The artist presented visuals and/or back up information to support the project. 7. The artist displayed a sign listing the steps of the project. 8. The artist was sensitive to individual needs and maintained a good relationship with the students. \_9.The artist's project was age appropriate and ability appropriate.

10.The artist maintained good control of the classroom.	
11.The artist allowed ample time for clean up and closure.	
12.The artist arranged with me for students to display their work.	
13.The project allowed students to use their own ideas.	
14.The artist's residency was informative and useful to the students and reinforced the ways in which art can teach other academics and appropriate social skills.	